1. MANIFEST NUMBER
Generator I.D. No. (-1) - 343
Sequence No

### STATE OF LOUISIANA EPARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE MANAGEMENT P.O. BOX 44066 BATON ROUGE, LOUISIANA 70804

For Dept. Use Index # Date

2. W	ASTE INFORMATION:	· · · · · · · · · · · · · · · · · · ·	·,		PACE	AGING		
HM	SHIPPING DESCRIPTION	HAZARD CLASS	WASTE NUMBERY	WEIGHT (TONS)	QTY.	TYPE		
<u>. –                                    </u>	CRUDE OL	OPM	<u> </u>	24 TONS		IANE		
		FLAMMASIE	) <u>[</u>	·		TRUCK		
		<del></del>	<del> </del>			<del></del> _		
	<del> </del>	<del></del>	<del> </del>		<del>- [ -</del>	<del></del>		
	<u> </u>	<u>. İ </u>	<u> </u>	··-		<u> </u>		
3.	GENERATOR INFORMATION			Telephone: <u>504-8</u>	48-74=	50		
	NAME OF COMPANY:							
	ADDRESS: P.O.		oung La.	ZIP: 7036		<del></del> .		
	SHIPPING LOCATION: De CERTIFICATION: This is to d							
	labeled, and are in proper cond			=	•			
	tation, and the Louisiana Depart			acia regulations of the Dep	ar dirent Or 1	i anispor		
			443.	-		-		
	Vonall Chia	an		1-28-8Z				
	Generator S	ignature		Cat	e			
	TRANSPORTER INFORMATION	ON. Ideal Control	ula GT-1	ST. I TAA	4(2)	01		
4.		in: Identification Num	DATE OF PICK UP	1 20 02 (2)		-0/_		
	NAME OF COMPANY: CERTIFICATION: This is to				ME:	4 0- 4		
	best of the transporter's knowle	_		_	nove and tha	it to the		
	best of the transporter's knowle	<u> </u>						
	Sur Homes	hur 1	B. 15971.	りつ外				
	. Transporter Sig	nature	200	k / U		•		
٤	ASSTRUCTION TO THE PARTY OF THE				•	aL		
•		ertity that the above-hai	med materials were deliv	ered without incident to the	e disposer at	tne gate		
·(	and time below.	( /	***			,		
•/	Too Kh	udist	DATE OF DELIVER	ү <i>/-28:82</i> ти	ME: //	0 1		
	Transporter Sig	nature				•		
:			4-/	- () -				
<b>- 5</b> .	DISPOSER INFORMATION:			Telephone: (504)30	e2.329	3		
•	NAME OF COMPANY:	RECOIL C		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	LOCATION WHERE SHIPMENT RECEIVED: 4150 OIR PARIS RD, CHALMETTE, LA.  CERTIFICATION: This is to certify acceptance of the hazardous waste, that the waste has been or will be disposed of in							
					_			
	accordance with Department of accurately and correctly filled or		lations, and that to the	best of the disposer's know	weage, nis po	ortion is		
	accurately and correctly filled of							
	La Plus			1-28-8	<b>.</b>			
	Disposer Sign	iature		Cat	•			
	FAREBORKION INCORRA PION				<u> </u>			
6.	EMERGENCY INFORMATION							
	Immediate Response Information:							
	Special Handling Instructions: Telephone:							
	Spesiar manding instructions:			<del></del>				
	Comments:	terial u	vill be	returned Los	Ne-Da	1.		
				0 0	1 st Avec			
_				DEU	$rac{1}{2}$	. レ		

1 MANIFEST	NUMBER		
Generator 1.D. No. 413-343			
Sequence No			

#### STATE OF LOUISIANA DEPARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE MANAGEMENT

For Dept. Use Index # \_ Date\_

P.O. BOX 44066 BATON ROUGE, LOUISIANA 70804

SHIPPING DESCRIPTION HAZARO CLASS WASTE NINERR WEIGHT (TONS)  CRUDE OLA CRAMATION: Identification Number: G. 3-3-3 Telephone: 5-2-868-NAME OF COMPANY: D. Fata Surgeties ADDRESS: P. S. Box 101 Houng In. 211: 70361 SHIPPING LOCATION: Death Surgeties G. AS FERRILL, PLANT - Houng In. CERTIFICATION: This is to certify that the above-named materials are properly classified, described, packag labeled, and are in proper condition for transportation according to the applicable regulations of the Departmentation, and the Loyisiana Department of Natural Resources.  4. TRANSPORTER INFORMATION: Identification Number: J. A. T. Belephone: J. F. C. Name OF COMPANY: P. T. C. C. L.	PA	PACKAGING
3. GENERATOR INFORMATION: Identification Number: G.7-3-3  NAME OF COMPANY: DELTA SWINGLES  4. TRANSPORTER INFORMATION: Identification Number: G.7-85  CERTIFICATION: This is to certify that the above-named materials were picked up at date and time above best of the transporter's signature.  CERTIFICATION: This is to certify that the above-named materials were picked up at date and time above best of the transporter's signature.  A. TRANSPORTER INFORMATION: Identification Number: G.7-85  CERTIFICATION: This is to certify that the above-named materials were picked up at date and time above best of the transporter's signature.  CERTIFICATION: This is to certify that the above-named materials were delivered without incident to the dispared time before.  CERTIFICATION: This is to certify that the above-named materials were delivered without incident to the dispared time before.  CERTIFICATION: This is to certify and correctly filled out.  CERTIFICATION: This is to certify and correctly filled out.  CERTIFICATION: This is to certify acceptance of the hazardous weste, that the waste has been or will be accordance with Department of Natural Resources regulations, and that to the best of the disposer's knowledg accurately and correctly filled out.  CERTIFICATION: This is to certify acceptance of the hazardous weste, that the waste has been or will be accordance with Department of Natural Resources regulations, and that to the best of the disposer's knowledg accurately and correctly filled out.  CERTIFICATION: This is to certify acceptance of the hazardous weste, that the waste has been or will be accordance with Department of Natural Resources regulations, and that to the best of the disposer's knowledg accurately And correctly filled out.  CERTIFICATION: This is to certify acceptance of the hazardous waste, that the waste has been or will be accordance with Department of Natural Resources regulations, and that to the best of the disposer's knowledg accurately and correctly filled out.  CERTIFICATION: This is to certify	QTY	OTY. TYPE
3. GENERATOR INFORMATION: Identification Number: G: 3-3-3 Telephone: 5-0-1-864-NAME OF COMPANY: DELTA SALEADA DESS.  P. O. B. I. I. HOWALA. ZIP: 7036-1  SHIPPING LOCATION: DELTA SALEADA GASE SETTING. PLANT House Additional CERTIFICATION. This is to certify that the above-named materials are properly classified, described, packag labeled, and are in proper condition for transportation according to the applicable regulation; of the Department of Natural Resources.  4. TRANSPORTER INFORMATION: Identification Number: DATE OF PICK UP: DET TO TIME: CERTIFICATION: This is to certify that the above-named materials were delivered without incident to the dispand time before.  CERTIFICATION: This is to certify that the above-named materials were delivered without incident to the dispand time before.  DATE OF DELIVERY 1-28-82. TIME: Telephone: 504) 3/62.  NAME OF COMPANY: COLL CORP  LOCATION WHERE SHIPMENT RECEIVED: 4/50. OLd Paris C. CHAMPETTE CERTIFICATION: This is to certify acceptance of the hazardous waste, that the waste has been or will be accordance with Department of Natural Resources regulations, and that to the best of the disposer's knowledg accurately and correctly filled out.  1	1	
3. GENERATOR INFORMATION: Identification Number: G:7-3-13 Telephone: 5-0-868-NAME OF COMPANY: DELTA SHIPPING LOCATION: DELTA SHIPPING LOCATION: DELTA SHIPPING LOCATION: This is to certify that the above-named materials are properly classified, described, packag labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Natural Resources.    Contract Signature		TENCE
3. GENERATOR INFORMATION: Identification Number: G:7-3-13 Telephone: 5-0-868-NAME OF COMPANY: DELTA SHIPPING LOCATION: DELTA SHIPPING LOCATION: DELTA SHIPPING LOCATION: This is to certify that the above-named materials are properly classified, described, packag labeled, and are in proper condition for transportation according to the applicable regulations of the Department ation, and the Loyisiana Department of Natural Resources.    Camerator Signature		
3. GENERATOR INFORMATION: Identification Number: G:7-3-13 Telephone: 5-0-868-NAME OF COMPANY: DELTA SHIPPING LOCATION: DELTA SHIPPING LOCATION: DELTA SHIPPING LOCATION: This is to certify that the above-named materials are properly classified, described, packag labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Natural Resources.    Contract Signature	<del></del>	
NAME OF COMPANY:  P. O. B. S. 10  ADDRESS:  SHIPPING LOCATION: Details to certify that the above-named materials are properly classified, described, packag labeled, and are in proper condition for transportation according to the applicable regulations of the Department attion, and the Louisiana Department of Natural Resources.    STILL   Property   Property   Property		
CERTIFICATION: This is to certify that the above-named materials were picked up at date and time above best of the transporter's knowledge, his portion of the manifest is accurately and correctly filled out.  CERTIFICATION: This is to certify that the above-named materials were delivered without incident to the disparted time below.  DATE OF DELIVERY	packaged, melepartment of	t, marked and it of Transpor-
DATE OF DELIVERY	e above and	-
NAME OF COMPANY: KECOIL CORP  LOCATION WHERE SHIPMENT RECEIVED: 4/50 Old Paris La CHALMETTE  CERTIFICATION: This is to certify acceptance of the hazardous waste, that the waste has been or will be accordance with Department of Natural Resources regulations, and that to the best of the disposer's knowledge accurately and correctly filled out.  Disposer Signature  6. EMERGENCY INFORMATION:  Immediate Response Information:  Telephone:  Special Handling Instructions:		_
Immediate Response Information:	will be disposed by the control of t	LA- disposed of in
- A - A - A - A - A - A - A - A - A - A		
	DA: 4:	
Comments: That will be salwaged for the	NI-SA	al.

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MANIFEST NUMBER -nerator 1.D, No. 40-343	
quence No.	13

# DEPARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE MANAGEMENT

For Dept. Use
Index # \_\_\_\_\_
Date\_\_\_\_

P.O. BOX 44066 BATON ROUGE, LOUISIANA 70804

W	ASTE INFORMATION:			<del>-</del>	PACK	AGING
iM	SHIPPING DESCRIPTION	HAZARD CLASS	WASTE NUMBER	WEIGHT (TONS)	QTY.	TYPE
_	CRUDE DU	ORM (FARMEN		1 H 24 TONS	,	ANE
				1		Twic
			VGD-343-			
		_ <del></del>	<del></del>	i		
	<u> </u>	<u> </u>	1			
3.	GENERATOR INFORMATION NAME OF COMPANY:	TA SHICKARD	una 1a		-745	<u>s</u>
	SHIPPING LOCATION: 1) P					
	CERTIFICATION: This is to co					
	labeled, and are in proper condi- tation and the Louisiana Depart	ment of Natural Resour		cable regulations of the Departr	nent of Tr	anspor-
	Generator Se	gnature		Date		
4.	TRANSPORTER INFORMATION NAME OF COMPANY: CERTIFICATION: This is to best of the transporter's knowled Transporter St.	certify that the above-rage, his portion of the n	DATE OF PICK UP	icked up at date and time abov	200	0
(	and time below  Transporter Sig	ertify that the above-name	) .	vered without incident to the di		
5.	DISPOSER INFORMATION: NAME OF COMPANY: LOCATION WHERE SHIPMEN' CERTIFICATION: This is to concordance with Department of accurately and correctly filled ox	T RECEIVED:	ne hazardous waste, the		be dispose	ed of in
6.	EMERGENCY INFORMATION	<del></del> :		•		
	Immediate Response Informatio	n:				
			<del></del> -	Telephone:		<del></del>
	Special Handling Instructions:	Waterial	with to	rational for	1 = 5%	To.
	Comments:	- Carrier	www.	and the sail	<u> </u>	
				RECLIV	/LD	

1. MANIFEST NUMBER				
Generator J.D.	No.612-343			
Sequence No.	12			

## STATE OF LOUISIANA . DEARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE MANAGEMENT



For Dept. Use	
Index #	_
Date	_

P.O. BOX 44066 BATON ROUGE, LOUISIANA 70804

2. W	ASTE INFORMATION:				PACK	AGING
НМ	SHIPPING DESCRIPTION		WASTE NUMBER	WEIGHT (TONS)	QTY.	TYPE
	Ceusz Die	ORM (FLANMA	12	15 TONS	1	TANK
			<del>-</del>			
	-		<u>GD-343-</u>	<del> </del>		—
	<del> </del>	<del></del>	- <del> </del>	<del></del>		+
	<u> </u>		<u> </u>	<u>-</u>		
3.	GENERATOR INFORMATION	: Identification Number	r: <u>65-343</u>	Telephone: 504-868	- 243	<u> </u>
		. 30x 101 Hs		ZIP: 10361	,	
	SHIPPING LOCATION:					
	CERTIFICATION: This is to d					
	labeled, and are in proper cond			able regulations of the Departi	ment of T	ranspor-
	tation, and the Louisiana Depar	rifient of Natural Resou	rces.			
		<b>^</b>				
	Generator S	hand hand		1-27-82 Date		
	Generator s	ignature				
4.	TRANSPORTER INFORMATION	ON: Identification Nun	nber: / N/A	1 183   - 800	.45	774
	NAME OF COMPANY:		DATE OF PICK UP	: 1-17-82 TIME	10	30
	CERTIFICATION: This is to				e and tha	it to the
	best of the transporter's kppwle	dge, his portion of the r	nanifest is accurately and	d correctly filled out.		
	John Chile	wy				_
	Transporter Sig	nature				
-	CERTIFICATION: This is to d	ertify that the above na	med materials were deliv	vered without incident to the di	socser at	the date
	and time below					
-		<b>/</b> .				_
=	( / So / Kup	WR	DATE OF DELIVER	Y <u>/-27-8Z</u> TIME	: <u>/4</u>	50_
	Transporter Signature	nature				
-	<u> </u>		10-100	(FOID 31)	2 2 2	
- 5.	DISPOSER INFORMATION:-	dentification Number	67-183	Telephone:(504) 362	<u> کر د ، پر</u>	<u>73</u>
-		RECOIL COI		a DD Adda da		
	LOCATION WHERE SHIPMEN					
	CERTIFICATION: This is to accordance with Department of					
		•	diations, and that to the	pest of the disposer's knowled	age ms p	31 (JOE) 18
	accurately and dorrectly filled o	u. /				
	Fred Den	Mrs c		1-27-82		
	Disposer Sig	nature		Date		<del></del>
		<u> </u>	<u> </u>			
6.	EMERGENCY INFORMATION					
	Immediate Response Information	n:		Talashasat		
				Telephone:	<del></del>	
	Special Handling Instructions:_		• -			
	Company:	tating 1	11 10 10	loand for M	1-55×X	<u></u>
	Comments:		is no file	muzia v	1900	<u> </u>
					VE	F-7
				RECE	i v C	U

Dear Coss,

J. anything further

is required, please

feel free to contact me

Les Linder



## Recoil Corporation "Recovered Oil Specialists"

LEO GUIDROZ

Mailing Address

P O Box 6325, New Orleans Louisiana 70174

Plant Address.

4150 Old Paris Rd Chalmette, La

24 Hour Phone

Office 504-362-3293

Plant 504-277-5897